Health and well-being of women and Girls living in communities at varying levels of remoteness, 2015 to 2018

Released at 8:30 a.m. Eastern time in The Daily, Monday, March 21, 2022

A new study released today examines the health and well-being of women living in communities of different degree of remoteness, where the levels of remoteness were determined by the proximity (or distance) of their communities to population centres as a proxy for services accessibility, as well as the population size of these communities. Using the Canadian Community Health Survey (CCHS) from 2015 to 2018, the Canadian Vital Statistics – Death Database from 2015 to 2018 and the updated Remoteness Index Classification, the results of this study show that significant differences existed between women and girls living in more accessible areas versus those in more remote areas. The gaps in health outcomes were larger for Indigenous women and girls living in more remote areas, although it should be noted that for many Indigenous peoples and communities, there are many factors that contribute to the gaps in health outcomes, including availability of traditionally, culturally and spiritually appropriate health services, as well as policies and services to promote general and mental health.

Women and girls in very remote areas are less likely to report very good or excellent perceived general and mental health

From 2015 to 2018, three in five (60.9%) women and girls aged 12 years and older reported very good or excellent general health in easily accessible areas. In comparison, just over half (51.7%) reported the same in very remote areas. Indigenous women and girls were also less likely to report very good or excellent general health in very remote areas (43.0%) than those living in easily accessible areas (53.0%).

Mirroring the findings for general health, very remote areas had the lowest proportion of women and girls aged 12 years and older who reported very good or excellent mental health (55.8%) compared with those in easily accessible areas (68.4%). The proportion of Indigenous women and girls who reported very good or excellent mental health was lower for those living in very remote areas (47.2%) than those living in easily accessible areas (56.9%).

Indigenous women and girls in more accessible areas are more likely to report suicidal thoughts

According to the 2015–2016 cycle of the CCHS (questions related to suicide were not asked in the 2017–2018 CCHS cycle), almost 1 in 10 (13.3%) women and girls aged 15 years and older in Canada reported that they have experienced suicidal thoughts in their lifetime. There were no significant differences between the prevalence in easily accessible areas and those in the other remoteness areas. The prevalence of suicidal thoughts among Indigenous women and girls aged 15 years and older was almost 3 in 10 (29.5%) over the same period. The highest proportion of Indigenous women and girls who reported having contemplated suicide in their lifetime was in easily accessible areas, where about one-third (32.1%) of this population reported having had suicidal thoughts in their lifetime.

Women living in very remote areas report the lowest physical activity level of all areas

Women aged 18 years and older living in more remote areas were less likely to meet the Canadian Physical Activity Guideline recommendation of at least 150 minutes of moderate or vigorous physical activity per week. Over the 2015–2018 period, a smaller proportion (46.7%) of women who lived in very remote areas reported that they met the guideline compared to women who lived in easily accessible areas (53.5%) over the 2015–2018 period. Conversely, about one in five women (21.4%) in easily accessible areas reported no physical activity minutes compared with more than one in four (27.5%) in very remote areas.

The pattern of physical activity level and remoteness of community was similar with respect to Indigenous women. The proportion was the lowest in very remote areas, where less than half of Indigenous women (47.6%) met the guideline, compared with 64.1% of Indigenous women in easily accessible areas. A higher proportion of Indigenous women in more remote areas also reported no physical activity minutes. For example, the proportion was 23.6% for those in very remote areas compared with 13.8% for those in easily accessible areas.

Overall, of all remoteness areas, very remote areas had the lowest proportion of all women and Indigenous women reporting that they met the recommended level of physical activity. Access (or lack of access) to infrastructure supporting physical activity as well as culturally safe and inclusive services may explain parts of the above gaps between all women and Indigenous women living in areas at varying levels of remoteness.

Very remote areas have the highest proportion of women and girls without a regular health care provider

From 2015 to 2018, a majority of women and girls aged 12 years and older reported that they had a regular health care provider whom they regularly see or talk to when they need care or advice for their health: approximately 9 in 10 of women and girls in easily accessible to less accessible areas, and almost 8 in 10 of those in remote areas. The proportion was noticeably lower in very remote areas, with near 6 in 10 women and girls (55.4%) in these areas reporting having a regular health care provider.

Likewise, more than 80% of Indigenous women and girls in easily accessible to less accessible areas reported having a regular health care provider. The proportion was significantly lower in remote areas (75.2%) and reached the lowest in very remote areas (35.1%), almost 2.5 times less than those in easily accessible areas (87.3%).

Among common reasons for not having a regular health care provider, absence of services (like "no one available in the area," "no one in the area is taking new patients" and "had one who left or retired") was reported as one of the two main reasons, regardless of remoteness area, though it was more prevalent in more remote communities, particularly in very remote areas.

Despite the fact that results showed that they reported poorer mental health, Indigenous women and girls aged 12 years and older living in remote (22.2%) and very remote (19.5%) areas were less likely to consult a health professional about their emotional or mental health, compared with those in easily accessible areas (34.2%).

All-cause mortality and suicide-related mortality rates are significantly higher for women and girls living in more remote areas

The age-standardized mortality rate for all age groups of women and girls was 1.2 times higher in accessible areas, 1.5 times higher in less accessible areas, 1.4 times higher in remote areas, and almost 1.1 times higher in very remote areas than those in easily accessible areas over the period of 2015 to 2018.

Women and girls living in easily accessible areas had the lowest rate of suicide mortality of all remoteness areas (5.0 deaths per 100,000), while the more remote communities fared worse. The highest suicide age-standardized mortality rate was in very remote areas where it was reported six times higher (31.5 deaths per 100,000) than that of easily accessible areas. Unlike all other communities, suicide was the second leading cause of death in very remote areas.

Note to readers

The study used data from 2015–2016 and 2017–2018 cycles of Canadian Community Health Survey, the Canadian Vital Statistics – Death Database from 2015 to 2018 merged with the updated Remoteness Index Classification. The report is the third of a series of four chapters focused on the portrait of women by the relative remoteness of their communities. The updated Remoteness Index Classification was developed by grouping the Remoteness Index into five categories: easily accessible; accessible; less accessible; remote; and, very remote areas. The Remoteness Index assigns a relative remoteness value to each census subdivision based on proximity to census agglomerations as a proxy for service accessibility. Detailed information on the development of the Remoteness Index and the categorization is provided in the accompanying article in the Studies on Gender and Intersecting Identities.

Definitions, data sources and methods: survey numbers 3226 and 3233.

The report "Statistical Portrait of Women and Girls by the Relative Remoteness of their Communities, Series 3: Health and Well-being," as part of *Studies on Gender and Intersecting Identities* (45-20-0002), is now available.

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; **infostats@statcan.gc.ca**) or Media Relations (**statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca**).